

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2013

c Employer's name, address, and ZIP code  
NOVANT HEALTH CORPORATE  
2085 FRONTIS PLAZA BOULEVARD  
WINSTON-SALEM NC 27103

e Employee's name, address, and ZIP code  
DAVID GERALD DUVAL  
4300 SHARON ROAD  
APARTMENT # 446  
CHARLOTTE NC 28211

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	135414.88	38655.58
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	113700.00	7049.40
9	5 Medicare wages and tips	6 Medicare tax withheld
	152914.88	2217.27
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 166.46
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b E 17500.00
		12c P 35675.05
		12d DD 3175.62
a Employee's social security number		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NC 060061462	135414.88	10152.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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OMB No. 1545-0008

Dept. of the Treasury - IRS  
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PLAINTIFF'S  
EXHIBIT

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Form **W-2 Wage and Tax Statement** 2014

c Employer's name, address, and ZIP code  
NOVANT HEALTH CORPORATE  
2085 FRONTIS PLAZA BOULEVARD  
WINSTON-SALEM NC 27103

e Employee's name, address, and ZIP code  
DAVID GERALD DUVAL  
4300 SHARON ROAD  
APARTMENT # 418  
CHARLOTTE NC 28211

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	395090.99	109392.00
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	117000.00	7254.00
9	5 Medicare wages and tips	6 Medicare tax withheld
	412590.99	7895.89
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 790.62
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b E 17500.00
		12c DD 15194.66
		12d
b Employer's social security number		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NC 060061462	395090.99	22414.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Form **W-2 Wage and Tax Statement** 2015

c Employer's name, address, and ZIP code  
NOVANT HEALTH CORPORATE  
2085 FRONTIS PLAZA BOULEVARD  
WINSTON-SALEM NC 27103

e Employee's name, address, and ZIP code  
DAVID GERALD DUVAL  
4300 SHARON ROAD  
APARTMENT # 418  
CHARLOTTE NC 28211

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	487831.39	134700.89
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	118500.00	7347.00
9	5 Medicare wages and tips	6 Medicare tax withheld
	529831.39	10651.04
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 792.10
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b E 24000.00
		12c G 18000.00
		12d DD 17219.79
b Employer's social security number		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NC 060061462	487831.39	27640.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Form **W-2 Wage and Tax Statement** 2016

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 543503.90	<b>2</b> Federal income tax withheld 150057.13	
<b>e</b> Employee's name, address, and ZIP code DAVID GERALD DUVAL 4300 SHARON ROAD APARTMENT # 418 CHARLOTTE NC 28211		<b>8</b> Allocated tips	<b>3</b> Social security wages 118500.00	<b>4</b> Social security tax withheld 7347.00	
		<b>9</b>	<b>5</b> Medicare wages and tips 585436.54	<b>6</b> Medicare tax withheld 11957.76	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C 858.62	
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> Employer identification number (EIN) <b>a</b> Employee's social security number	<b>14</b> Other	<b>12b</b> E 23932.64 <b>12c</b> G 18000.00 <b>12d</b> DD 18255.90	
<b>15</b> State NC Employer's state ID number 060061462	<b>16</b> State wages, tips, etc. 543503.90	<b>17</b> State income tax 30764.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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Form **W-2 Wage and Tax Statement** 2017

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 614155.16	<b>2</b> Federal income tax withheld 170289.80	
<b>e</b> Employee's name, address, and ZIP code DAVID GERALD DUVAL 1200 QUEENS ROAD CHARLOTTE NC 28207-1868		<b>8</b> Allocated tips	<b>3</b> Social security wages 127200.00	<b>4</b> Social security tax withheld 7886.40	
		<b>9</b> Verification code	<b>5</b> Medicare wages and tips 656155.16	<b>6</b> Medicare tax withheld 13619.65	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans 15530.99	<b>12a</b> See instructions for box 12 C 943.44	
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> <b>b</b> Employer identification number (EIN) <b>a</b> Employee's social security number	<b>14</b> Other	<b>12b</b> E 24000.00 <b>12c</b> G 18000.00 <b>12d</b> DD 19042.66	
<b>15</b> State NC Employer's state ID number 060061462	<b>16</b> State wages, tips, etc. 614155.16	<b>17</b> State income tax 33897.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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<b>b</b> Employer identification number (EIN) 56-1376950		<b>12a</b> See instructions for box 12	<b>1</b> Wages, tips, other compensation 586970.54	<b>2</b> Federal income tax withheld 144997.66		
<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>12b</b> C \$ 561.60	<b>3</b> Social security wages 128400.00	<b>4</b> Social security tax withheld 7960.80		
<b>e</b> Employee's first name and initial Last name Suff. DAVID GERALD DUVAL 1200 QUEENS ROAD CHARLOTTE NC 28207		<b>12c</b> E \$ 15332.70	<b>5</b> Medicare wages and tips 617207.04	<b>6</b> Medicare tax withheld 12704.36		
		<b>12d</b> G \$ 14903.80	<b>7</b> Social security tips	<b>8</b> Allocated tips		
		<b>12e</b> DD \$ 14156.54	<b>9</b> Verification Code	<b>10</b> Dependent care benefits		
		<b>11</b> Nonqualified plans 66418.71		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
<b>f</b> Employee's address and ZIP code 15 State NC Employer's state ID number 060061462		<b>16</b> State wages, tips, etc. 586970.54	<b>17</b> State income tax 32560.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form W-2 Wage and Tax Statement 2018

Department of the Treasury-Internal Revenue Service

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